2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722659

1. Entity Name

THE COQUINA CLUB OF NAPLES, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State
04-06-2000 90016 049 ****61.25

Principal Place of Business	Mailing Address
2335 TAMIAMI TR. NORTH 303B NAPLES FL 34103	2335 TAMIAMI TR. NORTH STE 504 NAPLES FL 34103-4459

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Ste. 504	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1458658 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GULF VIEW PROPERTY MANAGEMENT, INC. 2335 TAMIAMI TR. NORTH ~~303B~~ 504 NAPLES FL 34103	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REPSHOLDT, THEODORE MR 3200 GULFSHORE BLVD. N. #405 NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKENZIE, EARL MR 3200 GULFSHORE BLVD. N. #103 NAPELS FL 34103	☒ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	Killoran, Jr. Thomas 3200 Gulf Shore Blvd. N. #407 Naples, Fl. 34103	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VEAZEY, WILLIAM 3200 GULFSHORE BLVD. N. #308 NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JOHNSON, BARBARA MS 3200 GULFSHORE BLVD. N. #211 NAPLES FL 34103	☒ Delete	TITLE S / NAME / STREET ADDRESS / CITY-ST-ZIP	Goldenberg, Mitchell 3200 Gulf Shore Blvd. N. #213 Naples, Fl. 34103	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WARRAS, KENNETH 3200 GULF SHORE BLVD. N. #311 NAPLES FL 34103	☒ Delete	TITLE T / NAME / STREET ADDRESS / CITY-ST-ZIP	Barber, Gordon 3200 Gulf Shore Blvd. N. #409 Naples, Fl. 34103	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] REQUIRED 3-31-00 941-403-7991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #